

MEDICAL INFORMATION

MEDICAL PROBLEM IF KNOWN: (ADHD, ADD, Behavioral Concerns or other Special Needs): _____

ALLERGIES: _____

SPONSOR CONSENT: I, _____ (parent, guardian) of _____

give consent for an authorized CYS representative to take my child(ren) for care, medical or dental, in an emergency situation, where the child's condition represents a serious or immanent threat to his or her health or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expenses will, if any, be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.

DATE

SIGNATURE OF SPONSOR

SPONSOR CONSENT

I, _____, (Parent/Guardian) of _____
consent to the following in reference to the care of my children

- A. USE OF PHOTOGRAPHS FOR RELEASE TO THE MEDIA ☐ YES ☐ NO
- B. PARTICIPATION IN ON-AND-OFF-POST EXCURSIONS ACCOMPANIED BY CYS PERSONNEL. ☐ YES ☐ NO
- C. INDEPENDENT PARTICIPATION IN ATHLETIC EVENTS, INTRAMURAL SPORTS, CLASSES, YOUTH ORGANIZATIONS AND CLUBS, WALKING AND/OR BUS/VAN TRANSPORTATION TO AND FROM SCHOOL, OR OTHER ACTIVITIES LISTED BELOW. ☐ YES ☐ NO

ACTIVITY	LOCATION	ARRIVE	DEPART	DAYS/DATES

1. TRANSPORTATION IN A GOVERNMENT OR COMMERCIAL VEHICLE ☐ YES ☐ NO

2. TRANSPORTATION IN A PRIVATE VEHICLE ☐ YES ☐ NO

RELEASE FROM LIABILITY

As the parent or legal guardian of the participant in the activity, I hereby give my approval for their participation in any or all Child and Youth Services Sports. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby give, waive, release, absolve indemnity, and agree to hold harmless Fort Riley Child and Youth Services Sports, organizers, sponsors, supervisors, participants and/or persons transporting my child to or from activities, for any claim arising out of any injury to my child.

SIGNED _____ RELATIONSHIP _____ DATE _____

I agree to return to Child and Youth Services, upon request, any equipment, uniforms, etc. issued to my child(ren), in a condition as when received except for normal wear and tear. I will furnish a certified birth certificate of the participant upon request.

SIGNED _____ RELATIONSHIP _____ DATE _____

VOLUNTEER AVAILABILITY: MENTOR PROGRAM _____ SPORTS COACH _____

CLASSROOM AIDE _____ CAREER SHARING _____ CLERICAL HELP _____

TOY/EQUIPMENT REPAIR _____ CHAPERONE _____ OTHER: _____

SIGNATURE OF SPONSOR:

DATE:

